

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	097857926
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1								51
2								52
3								53
4								54
5								55
6								56
7								57
8								58
9								59
10								60
11								61
12								62
13								63
14								64
15								65
16								66
17								67
18								68
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32								82
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34								84
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36								86
37								87
38								88
39								89
40								90
41								91
42								92
43								93
44								94
45								95
46								96
47								97
48								98
49								99
50								100
TOTAL IND.								TOTAL IND.
TOTAL DEP.								TOTAL DEP.
TOTAL CLAIMS								TOTAL CLAIMS